PTO/SB/17 (01-06) Approved for use through 07/31/2006. OMB 0651-0032

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EM PER				Complete if Known			
Fees pursuant to the Consolid				Application Nu	mber 09/	967,233	
FEE TRANSMITTAL For FY 2006				Filing Date	Se	otember 27, 20	001
				First Named In	ventor Vic	tor Hsieh	
✓ Applicant claims small entity status. See 37 CFR 1.27			Examiner Nam	e Kir	sten S. Apple		
Applicant claims smar			1.21	Art Unit	369	93	
TOTAL AMOUNT OF PAY	MENT	(\$) 760.0	00	Attorney Docke	et No. 35	2189-990101	
METHOD OF PAYMEN	METHOD OF PAYMENT (check all that apply)						
Check Credit Card Money Order None Other (please identify):  Deposit Account Deposit Account Number: 07-1896 Deposit Account Name: DLA Piper US LLP  For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)  Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee  The charge any additional fee(s) or underpayments of fee(s)  Credit any overpayments  WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card							
information and authorization on PTO-2038.  FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES SEARCH FEES EXAMINATION FEES Small Entity Application Type Fee (\$)							
Utility	300	150	500	250	200	100	<del></del>
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	<del></del>
Provisional	200	100	0	0	0	0	
2. EXCESS CLAIM FEES Small Entity							

2. EXCESS CLAIM FEES Fee Description <u>F66 (\$)</u> Fee (\$) 50 25 Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues) 200 100 180 Multiple dependent claims 360 Multiple Dependent Claims Fee Paid (\$) **Total Claims** Extra Claims Fee Paid (\$) Fee (\$) - 20 or HP = HP = highest number of total claims paid for, if greater than 20. Extra Claims Fee (\$) Fee Paid (\$) Indep. Claims - 3 or HP = HP = highest number of independent claims paid for, if greater than 3. **APPLICATION SIZE FEE** If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Number of each additional 50 or fraction thereof Fee Paid (\$) Total Sheets Extra Sheets Fee (\$) (round up to a whole number) x / 50 = 4. OTHER FEE(S) Fees Paid (\$) Non-English Specification, \$130 fee (no small entity discount) \$760.00 Other (e.g., late filing surcharge): Notice of Appeal and 3 month extension of time

SUBMITTED BY			
Signature	mudde-	Registration No. (Attorney/Agent) 30,103	Telephone (415) 836-2500
Name (Print/Type)	erald T. Sekimura		Date July 30, 2007

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete. including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/21 (09-04)
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Application Number

<b>TRANSI</b>	MITTAL
FO	RM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

are required to respond to a coil	<u>ection of information unless it displays a valid OMB control number.</u>
Application Number	09/967,233
Filing Date	September 27, 2001
First Named Inventor	Victor Hsieh
Art Unit	3693
Examiner Name	Kirsten S. Apple
Attorney Docket Number	352189-990101

ENCLOSURES (Check all that apply)					
<b>V</b>	Fee Transmittal Form	Drawing(s)  Licensing-related Papers	After Allowance Communication to TC  Appeal Communication to Board of Appeals and Interferences		
	Amendment/Reply  After Final  Affidavits/declaration(s)  Extension of Time Request - 3 mos.  Express Abandonment Request  Information Disclosure Statement  Certified Copy of Priority Document(s)  Reply to Missing Parts/ Incomplete Application  Reply to Missing Parts under 37 CFR 1.52 or 1.53	Petition Petition to Convert to a Provisional Application Power of Attorney, Revocation Change of Correspondence Address Terminal Disclaimer Request for Refund CD, Number of CD(s) Landscape Table on CD Remarks The Commissioner is hereby authorized to chargoverpayment of fees to Deposit Account No. 07- Customer No. 29585	Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)  Proprietary Information  Status Letter Other Enclosure(s) (please Identify below):  1. Deposit Account Authorization 2. Express Mail Certificate 3. Return Postcard		
			S LOFN'S		
Circo A		TURE OF APPLICANT, ATTORNEY, C	OR AGENT		
Firm Name DL/19Piper US LLP					
Signature Mald Del—					
Printe	d name Gerald T. Sekimura				
Date July 30, 2007		Reg. No.	30,103		
CERTIFICATE OF TRANSMISSION/MAILING					

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See attached express mail certificate

Ta-Tanisha L. Moore Henry

Ta-Tanisha L. Moore Henry

Date

July 30, 2007

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